

FILED JUN 4 1943 318

State File No. 4685  
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town ST LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether  
In this community 1 Year  
years, months or days)

3. (a) PRINT FULL NAME LEO ANDERSON

3. (b) If veteran, No name war. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased OCT 16 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 7 3 hr. min.

9. Birthplace E. ST LOUIS ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

12. Name HOWARD ANDERSON  
13. Birthplace WAYNE CITY ILL  
(City, town, or county) (State or foreign country)  
14. Maiden name LETA CLARK  
15. Birthplace THERES ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Anderson  
(b) Address 2207 South 7th

17. (a) (Date of birth, or date of removal) (b) Date thereof May 22 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation E. ST. LOUIS

18. (a) Signature of funeral director Polino Funeral Home

(b) Address East St. Louis Ill

19. (a) (Date received local registrar) (b) J. J. Beedeck  
(Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2207 SOUTH 7th ST  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19  
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 —;  
that I last saw h. — alive on — 19 —;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pharyngitis

Due to Streptococcus Hemolyticus

Due to 113

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations 11  
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature Thomas J. Callahan  
Address Deputy Coroner Date signed 5-20-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

B. H. Baldwin

Licensed Embalmer No.

2429

P. O. Address

East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.